

# Your Health Benefit Options

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*Retirees 65+  
July 2018*

CHARLES COUNTY COMMISSIONERS

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# Welcome

## Welcome to your plan for healthy living

From preventive services to maintain your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

## How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

## What's covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

## Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips and a variety of articles.

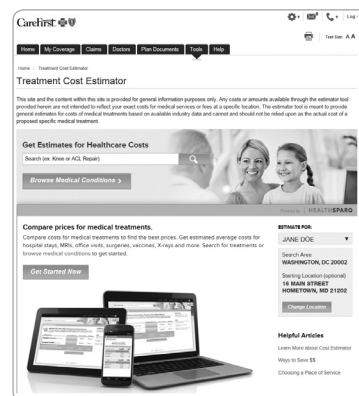


## Managing your health care budget just got easier

With CareFirst's Treatment Cost Estimator, you can:

- Quickly estimate your total costs
- Avoid surprises and save money
- Plan ahead to control expenses
- Make the best care decisions for you

Visit [carefirst.com](https://carefirst.com) to learn more!



# BlueChoice HMO Open Access

*An HMO plan with no referrals required*

With a BlueChoice HMO Open Access plan, your primary care provider (PCP) provides preventive care and works with you to find specialty care using a large network of CareFirst BlueChoice specialists. However, unique to this plan is its Open Access feature which allows you to visit specialists directly without needing a referral from your PCP.

## Take advantage of your benefits

- Choose from more than 35,000 providers, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia
- HMO plans encourage you to establish a relationship with your PCP for consistent, quality care
- No PCP referral required to see a specialist
- Receive comprehensive coverage for preventive health care visits at no cost
- Avoid the unwelcome surprise of high medical costs with predictable copays and deductibles (if applicable)
- Access the Away From Home Care® program to enjoy plan benefits if you're out of the area for at least 90 days

## How your plan works

Establishing a relationship with one provider is the best way for you to receive consistent, quality health care. When you enroll in a BlueChoice HMO Open Access plan, you will select a PCP to manage your primary medical care. Make sure you select a PCP for not only yourself but each of your family members as well. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in either family practice, general practice, pediatrics or internal medicine.

With this plan, you have direct access to CareFirst BlueChoice specialists without needing to obtain a referral from your PCP. However, to ensure you take advantage of lower out-of-pocket costs, we encourage you to first call your PCP when you need care.



*Establish a relationship with your doctor for consistent, quality care.*

Your PCP can:

- Provide basic medical care
- Prescribe any medications you need
- Maintain your medical history
- Work with you to determine when you should see a specialist
- Assist you in the selection of a specialist, if needed

**Make sure you only receive care from a CareFirst BlueChoice provider or you will not be covered, with the exception of emergency services and follow-up care after emergency surgery.**

### Laboratory services

To receive the maximum laboratory benefit from your BlueChoice HMO Open Access plan, you must use a LabCorp® facility for any laboratory services. Services performed at a facility that is not part of the LabCorp network may not be covered under your plan. Also, any lab work performed in an outpatient hospital setting will require a prior authorization from your PCP.

LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate the LabCorp patient service center near you, call (888) LAB-CORP or visit [labcorp.com](http://labcorp.com).

### Out-of-area coverage

Out-of-area coverage is limited to emergency or urgent care only. However, members and their covered dependents planning to be out of the CareFirst BlueChoice, Inc. service area for at least 90 consecutive days may be able to take advantage of a special program, Away From Home Care.

This program allows temporary benefits through another Blue Cross and Blue Shield affiliated HMO. It provides coverage for routine services and is perfect for extended out-of-town business or travel, semesters at school or families living apart. For more information on Away From Home Care, please call Member Services at the phone number listed on your identification card.



# Away From Home Care<sup>®</sup>

*Your HMO coverage goes with you*

We've got you covered when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

## Coverage while you're away

You're covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

## Enrolling in Away From Home Care

To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. **If there are no participating affiliated HMOs in the area, the program will not be available to you.**
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.



Always remember to carry your ID card to access Away From Home Care.

- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.
- Simply call your Host HMO primary care physician for an appointment when you need care.

## No paperwork or upfront costs

Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.

# Patient-Centered Medical Home

*Supporting the relationship between you and your doctor*

Whether you're trying to get healthy or stay healthy, you need the best care. That's why CareFirst<sup>1</sup> created the Patient-Centered Medical Home (PCMH) program to focus on the relationship between you and your primary care provider (PCP).

The program is designed to provide your PCP with a more complete view of your health needs. Your PCP will be able to use information to better manage and coordinate your care with all your health care providers including specialists, labs, pharmacies and others to ensure you get access to, and receive the most appropriate care in the most affordable settings.

## Extra care for certain health conditions

If you have certain health conditions, your PCMH PCP will partner with a care coordinator, a registered nurse, to:

- Create a care plan based on your health needs with specific follow up activities
- Review your medications and possible drug interactions
- Check in with you to make sure you're following your treatment plan
- Assist you in obtaining services and equipment necessary to manage your health condition(s)



## A PCP is important to your health


By visiting your PCP for routine visits, you build a relationship, and your PCP will get to know you and your medical history.

If you have an urgent health issue, having a PCP who knows your history often makes it easier and faster to get the care you need.

Even if you are young and healthy, or don't visit the doctor often, choosing a PCP is key to maintaining good health.

PCPs play a huge role in keeping you healthy for the long run. If you don't already have a relationship with a doctor, you can begin researching one today!

- To find a PCMH PCP, look for the PCMH logo when searching for primary care providers in our Provider Directory or log in to *My Account* and click *Select/Change PCP* under *Quick Links*.



Patient-Centered Medical Home is a program that focuses on the relationship between you and your doctor.

Only show me PCMH providers

Show me all providers

<sup>1</sup> All references to CareFirst refer to CareFirst BlueCross BlueShield and CareFirst, BlueChoice, Inc., collectively.

# Know Before You Go

*Your money, your health, your decision*

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It's important to understand your options so you can make the best decision when you or your family members need care.\*

## Primary care provider (PCP)

Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

## FirstHelp—free 24-hour nurse advice line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

## CareFirst Video Visit

See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit [carefirst.com/needcare](https://carefirst.com/needcare) for more information.

## Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

## Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

## Emergency room (ER)

An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.



For more information, visit [carefirst.com/needcare](https://carefirst.com/needcare).

\*The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

### When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs\* may vary for a sample health plan depending on where you choose to get care.

	Sample cost	Sample symptoms	Available 24/7	Prescriptions?
Video Visit	\$20	<ul style="list-style-type: none"> <li>■ Cough, cold and flu</li> <li>■ Pink eye</li> <li>■ Ear infection</li> </ul>	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$20	<ul style="list-style-type: none"> <li>■ Cough, cold and flu</li> <li>■ Pink eye</li> <li>■ Ear infection</li> </ul>	✗	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$60	<ul style="list-style-type: none"> <li>■ Sprains</li> <li>■ Cut requiring stitches</li> <li>■ Minor burns</li> </ul>	✗	✓
Emergency Room	\$200	<ul style="list-style-type: none"> <li>■ Chest pain</li> <li>■ Difficulty breathing</li> <li>■ Abdominal pain</li> </ul>	✓	✓

\* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

### To determine your specific benefits and associated costs:

- Log in to *My Account* at [carefirst.com/myaccount](https://carefirst.com/myaccount)
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit [carefirst.com/needcare](https://carefirst.com/needcare).



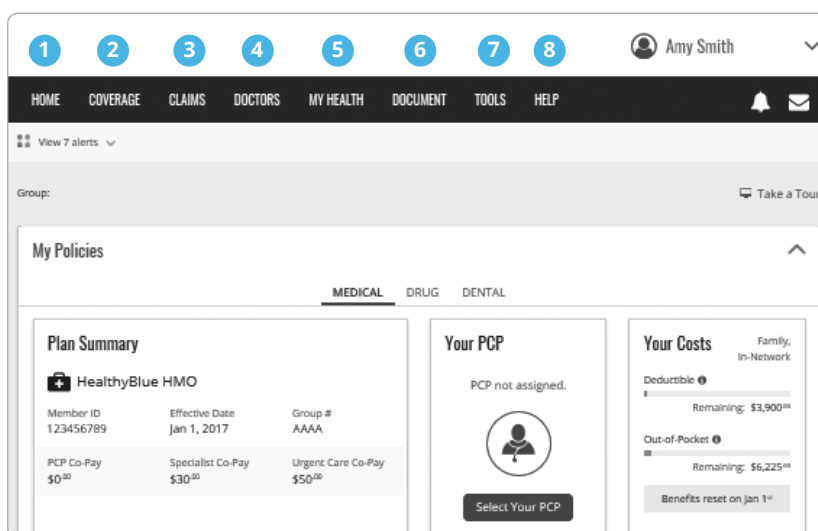
Did you know that where you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

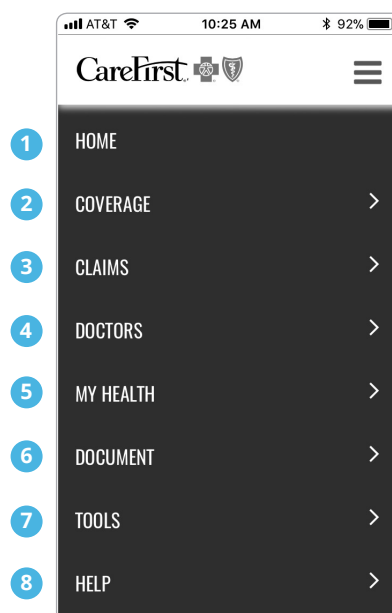
# My Account

Online access to your health care information

*My Account* makes it easier than ever to understand and manage personalized information about your health plan and benefits. Set up an account today! Go to **carefirst.com/myaccount** to create a username and password.



As viewed on a computer.



As viewed on a smartphone.

## My Account at a glance

### 1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details 👤 including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center* ✉
- Check *Alerts* 🔔 for important notifications

### 2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)<sup>1</sup>
- Order and refill prescriptions
- View prescription drug claims

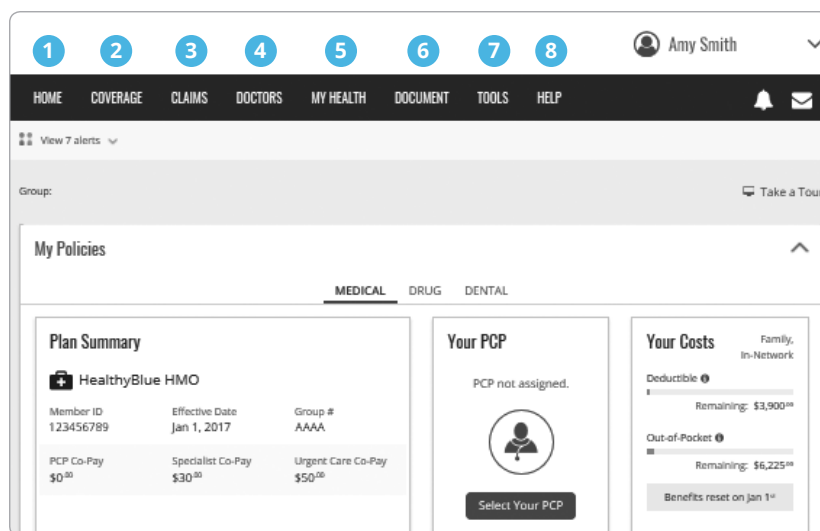
<sup>1</sup> Only if offered by your plan.



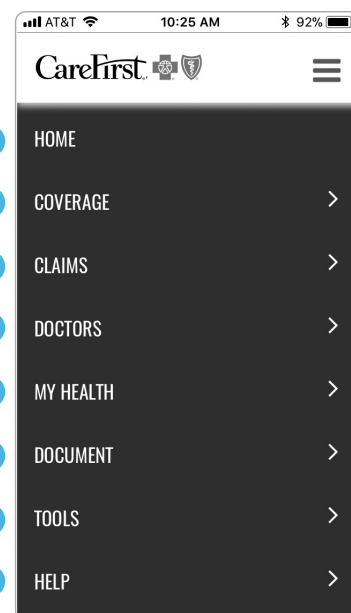
### Signing up is easy

Information included on your member ID card will be needed to set up your account.

- Visit [carefirst.com/myaccount](https://carefirst.com/myaccount)
- Select *Register Now*
- Create your username and password



As viewed on a computer.



As viewed on a smartphone.

## 3 Claims

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

## 4 Doctors

- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

## 5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options<sup>1</sup>
- Track your Blue Rewards progress<sup>1</sup>

## 6 Documents

- Look up plan forms and documentation<sup>2</sup>
- Download *Vitality*, your annual member resource guide

## 7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures<sup>3</sup>
- Use the drug pricing tool to determine prescription costs

## 8 Help

- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers

<sup>1</sup> Only if offered by your plan.

<sup>2</sup> Only available when using a computer.

<sup>3</sup> The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

# Find a Doctor, Hospital or Urgent Care

*carefirst.com/doctor*

It's easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

Whether you need a doctor, nurse practitioner or health care facility, **carefirst.com/doctor** can help you find what you're looking for based on your specific needs.

You can search and filter results by:






- Provider name
- Provider specialty
- Distance
- Zip code
- City and state
- Gender
- Accepting new patients
- Language
- Group affiliations



To view personalized information on which doctors are in your network, log in to *My Account* on your computer, tablet or smartphone and click *Find a Doctor* from the Doctors tab or the Quick Links.

## Find a Doctor

What type of care are you looking for?

 <b>Medical</b> Search for a doctor or facility by name or provider type	 <b>Mental Health</b> Search for a behavioral health/substance abuse provider or facility	 <b>Dental</b> Search for a dentist or facility for dental care	 <b>Vision</b> Search for a provider or facility for vision care	 <b>Pharmacy</b> Locate a pharmacy near you home or office
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# Mental Health Support

*Well-being for mind and body*

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It's common to face some form of mental health challenge during your life, caused by a variety of reasons, many of which are beyond your control. Some of the contributing factors include:

- Biology, such as genes, brain chemistry, physical illness or injury
- Life experiences, such as trauma, tragedy or abuse
- Family history

When mental health difficulties arise for you or a loved one, remember you are not alone. Help is available and feeling better is possible.

Through CareFirst BlueCross BlueShield, CareFirst BlueChoice Inc. (CareFirst), you have access to specialized services and programs to help you get well, if and when you need assistance related to:

- Depression
- Drug or alcohol dependence
- Stress
- Work-life balance
- Eating disorders



*One in five American adults has experienced a mental health issue.<sup>1</sup>*

If you or someone close to you needs support or help making an appointment, call 800-972-0716 or visit [carefirst.com/mentalhealth](http://carefirst.com/mentalhealth).

<sup>1</sup> United States Department of Health and Human Services. Mental Health Myths and Facts. Accessed August 21, 2015 at: <http://www.mentalhealth.gov/basics/myths-facts/index.html>.

# Health & Wellness

## Take charge

Whether you're looking for health and wellness tips, support to manage a health condition, or discounts on health-related services, we have the resources to help you get on the path to better well-being.

### With our Health & Wellness program you can:

- Become aware of unhealthy habits.
- Improve your health with programs that address your specific goals or concerns.
- Access online tools to help you get and stay healthy.

### 15 minutes can help improve your well-being

When it comes to your health, it's important to know where you stand. You can get an accurate picture of your health status with our confidential, online assessment.

After you complete your health assessment, you'll unlock access to additional health and wellness support. Whether you want to eat healthier, lose weight, or stop using tobacco, you will have the tools needed to meet your personal health goals. These resources and the health assessment are available by logging into *My Account* at [carefirst.com/myaccount](https://carefirst.com/myaccount) and selecting *Health Assessment and Online Coaching* under *Quick Links*.

### Health coaching

As part of your health coverage, you may receive a call from an engagement specialist inviting you to participate in health coaching. We encourage you to take advantage of this voluntary and confidential phone-based program that can help you achieve your best possible health. Coaches are registered nurses and trained professionals who provide motivating support to help you reach your wellness goals. You can also choose to participate in health coaching by calling 800-783-4582 and pressing option 6.



“ One thing that attracted me to the program was the individual counseling. I like the one-on-one attention. ”

—Lucia, Innergy® Healthier Weight participant

**To access these wellness programs, log in to *My Account* at [carefirst.com/myaccount](https://carefirst.com/myaccount)**

### **Innergy® Healthier Weight program**

If you are age 18 or older, have a BMI of 30 or greater and are looking to lose weight, the Innergy program can help. Innergy offers a personalized solution for long-term weight loss and helps participants reach a healthier weight. To get started, select the Innergy icon and complete the registration process.

### **QuitNet® Tobacco Cessation program**

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. QuitNet's expert guidance, support and wealth of tools make quitting easier than you might think. To get started, simply click on the QuitNet icon and complete the registration process.

### **Financial Well-Being™, powered by Dave Ramsey**

Financial expert Dave Ramsey will show you how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, the Financial Well-Being program can help. To get started, select the Financial Well-Being icon and complete the registration process.

### **Additional wellness offerings**

- **Wellness discount program**—Sign up for Blue365 at [carefirst.com/wellnessdiscounts](https://carefirst.com/wellnessdiscounts) to receive discounts from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Health news**—Register for our seasonal newsletter at [carefirst.com/healthnews](https://carefirst.com/healthnews) and receive healthy recipes, videos and articles delivered to your email box.
- **Vitality magazine**—Read our member magazine which includes important plan information at [carefirst.com/vitality](https://carefirst.com/vitality).
- **Health education**—View our health library for more health and well-being information at [carefirst.com/livinghealthy](https://carefirst.com/livinghealthy).

To learn more about any of these wellness programs, log in to *My Account* at [carefirst.com/myaccount](https://carefirst.com/myaccount) or call 800-783-4582 between 8:30 a.m.–8:30 p.m., Monday–Friday, or Saturday from 8:30 a.m.–5:30 p.m. Eastern time.

# Getting the Most from Your Plan

*There's more to your health plan than you might think*

Whether you need to find a doctor or hospital, plan your health care expenses, manage your claims and benefits or search for information to help maintain your health, CareFirst offers the services and resources you need...right at your fingertips.

This section outlines the added features you receive as a CareFirst member. Feel free to visit us at **carefirst.com** to learn more about the following member benefits.



## Find a doctor

Quickly search for the type of doctor you need in your area.

## Check claims and benefits

Manage many aspects of your CareFirst plan online, day or night.

## Compare plans

Make an informed decision if you have more than one health plan to choose from with our Coverage Advisor tool.

## Get discounts

Access wellness discounts on fitness gear, gym memberships, healthy eating options, and more.

## Read up about your health

Find a variety of health education articles, nutritious recipes, interactive health tools and more on the *Health and Wellness* section of our website. Or, download the latest issue of our *Vitality* magazine to learn more about your plan and staying healthy.

# Medical Benefits Options

Benefits	HMO
	BlueChoice HMO Open Access
<b>NETWORK</b>	BlueChoice
<b>COPAYS</b>	\$10 PCP / \$15 Specialist copay
<b>ANNUAL DEDUCTIBLE (CALENDAR YEAR)</b>	
Individual	None
Individual & Child	None
Individual & Adult	None
Family	None
<b>OUT OF POCKET MAXIMUM (CALENDAR YEAR)</b>	
Medical	\$2,000 Individual / \$6,000 Family
Prescription	\$4,600 Individual / \$7,200 Family
<b>LIFETIME MAXIMUM BENEFIT</b>	Unlimited except on fertility services
<b>PREVENTIVE SERVICES</b>	
Well-Child Care	
0–24 months	No charge
24 months–13 years (immunization visit)	No charge
24 months–13 years (non-immunization visit)	No charge
14–17 years	No charge
Adult Physical Examination	No charge
Routine GYN Visits	No charge
Mammograms	No charge
Cancer Screening (Pap Test, Prostate and Colorectal)	No charge
<b>OFFICE VISITS, LABS AND TESTING</b>	
Office Visits for Illness	\$10 PCP / \$15 Specialist copay
Diagnostic Services	\$20 copay (Office) / \$30 (Outpatient Facility)
X-ray and Lab Tests	\$10 copay (Office) / \$30 (Outpatient Facility)
Allergy Testing	\$10 PCP / \$15 Specialist copay
Allergy Shots	\$10 PCP / \$15 Specialist copay
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	\$15 copay; (limited to 30 visits/condition/benefit period)
Outpatient Radiation & Chemotherapy (Office Setting)	\$15 copay
Outpatient Chiropractic	\$15 copay; (limited to 20 visits/condition/benefit period)
<b>EMERGENCY CARE AND URGENT CARE</b>	
Physician's Office	\$10 PCP / \$15 Specialist copay
Urgent Care Center	\$20 PCP / \$25 Specialist copay
Hospital Emergency Room	\$100 copay (waived if admitted)
Ambulance (if medically necessary)	No charge

## Medical Benefits Options

Benefits	HMO
	BlueChoice HMO Open Access
<b>HOSPITALIZATION</b>	
Inpatient Facility Services	No charge (365 days)
Outpatient Facility Services	No charge
Inpatient Physician Services	No charge
Outpatient Physician Services	\$10 PCP / \$15 Specialist copay
<b>HOSPITAL ALTERNATIVES</b>	
Home Health Care	No charge
Hospice	No charge
Skilled Nursing Facility (limited to 365 days/benefit period)	No charge
<b>MATERNITY</b>	
Prenatal and Postnatal Office Visits	No charge
Delivery and Facility Services	No charge
Nursery Care of Newborn	No charge
Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth)	50% of the Allowed Benefit
InVitro Fertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth & \$100,000 lifetime max)	50% of the Allowed Benefit
<b>MENTAL HEALTH (MH) AND SUBSTANCE USE DISORDER (SUD) - SUBJECT TO FEDERAL MANDATE</b>	
Inpatient Facility Services (requires Pre-authorization)	No charge
Inpatient Physician Services	No charge
Outpatient Services (MH & SUD)	\$10 copay office visits
Partial Hospitalization	No charge (Facility)
Medication Management Visit	\$10 copay
<b>MISCELLANEOUS</b>	
Durable Medical Equipment	No charge
Acupuncture	Not covered
Transplants—Major Organ (travel & Lodging limited to 75 days per transplant)	100% Allowed Benefit
Hearing Aids for Children (limited to one hearing aid/per ear every 36 months)	No copay per aid/per ear
<b>PRESCRIPTION DRUGS — FORMULARY 2</b>	\$5 Generic / \$20 Preferred Brand / \$35 Non-preferred Brand. Voluntary Maintenance Choice: 2 copays at CVS Retail or Mail Order for Maintenance Prescriptions; all other retail pharmacies will be 3 copays for Maintenance Prescriptions. <b>Formulary 2</b>
<b>DEPENDENT AGE LIMIT</b>	To age 26, end of month

# Your Medicare Supplemental Plan

## Your protection against illness and high medical costs

Times have changed, and so have your needs. Even though you have Medicare, you still need additional health insurance to help cover your medical expenses. When you use the providers who participate with Medicare, you will have little to pay for Medicare-covered services. That way, you can just concentrate on feeling better.

If you have any questions, call CareFirst BlueCross BlueShield's Customer Service Department at 800-628-8549. You can call between 8:00 a.m. and 8:00 p.m., Monday through Friday. A customer service representative will be happy to help you.

## What your plan is and how it works

### What does the Medicare Supplemental Plan cover?

First, it covers your inpatient Medicare deductible and coinsurance, costs associated with emergency care, outpatient surgery and diagnostic services. Second, CareFirst BlueCross BlueShield will pay 80% of the difference between what Medicare pays and the Medicare approved amount (when you visit Medicare participating providers) or limiting charge (when you visit Medicare non-participating providers) for Major Medical services such as office visits and durable medical equipment.

### How does the Medicare Supplemental Plan work?

Your Medicare coverage is always primary. That means that Medicare always pays first for Medicare-covered services. Your Medicare Supplemental Plan is your secondary plan. It provides benefits for some charges and services not covered by Medicare.

When you use a Medicare participating provider for medical services, you will have less to pay for Medicare-covered services because these providers have agreed to accept the Medicare approved amount for their services, commonly referred to as "accepting assignment."

Medicare non-participating providers do not always accept the Medicare approved amount. You will pay more for your care when you use Medicare non-participating providers.

Sometimes Medicare non-participating providers will agree to accept the Medicare approved amount for some services. Whenever they do, you will have less to pay for covered services. Please refer to questions "How much will I pay if I use Medicare non-participating providers?" and "Why is it better to use Medicare participating providers?" for examples.

### How can I save money with my Medicare Supplemental Plan?

Your Medicare Supplemental Plan pays all of your up-front Medicare Part A deductibles and coinsurance amounts, regardless if you see a Medicare participating or Medicare non-participating provider.

In addition, your Medicare Supplemental Plan covers the Medicare Part B deductible for most services. In these cases, you will not have to pay the deductible, even if you see a Medicare participating or Medicare non-participating provider.

### Why is it better to use Medicare participating providers?

When you use Medicare participating providers for Medicare and Major Medical covered services, you save money. Here's an example of a Major Medical service:

Provider's charge	\$50.00
Medicare approved amount	\$28.00
Medicare pays 80% of \$28 approved amount (after Part B deductible)	\$22.40
Balance	\$5.60
CareFirst pays 80% of \$5.60 balance	\$4.48
You pay remaining 20% coinsurance	\$1.12

### How much will I pay if I use Medicare non-participating providers?

Medicare non-participating providers can charge you the difference between the Medicare approved amount and the Medicare limiting balance. The difference is usually 15% more than the approved amount.

For example, a Medicare participating provider charges the approved amount for a service, say \$28. A Medicare non-participating provider charges you up to the limiting charge, which would be about \$32.20.

Here's an example of a Major Medical service:

Provider's charge	\$50.00
Medicare approved amount	\$28.00
Medicare limiting charge (15% greater than Medicare approved amount)	\$32.20
Medicare pays 80% of \$28 approved amount (after Part B deductible)	\$22.40
Balance	\$9.80
CareFirst pays 80% of \$5.60	\$4.48
<b>You pay remaining balance up to Medicare limiting charge</b>	<b>\$5.32</b>

CareFirst's allowed benefit for services covered by Medicare and CareFirst will not exceed the Medicare approved amount/Medicare limiting charge.



### How can I find out if a doctor is participating with Medicare?

There are two ways you can check on a doctor's participation with Medicare:

- Check the Medicare MedPar Directory (you can receive your own copy by calling Medicare).
- Call the provider directly.

### What Medicare does and doesn't cover

#### What does Medicare cover?

Medicare has two parts, A and B. Medicare Part A (hospital insurance) partially pays for medically necessary:

- Inpatient hospital facility charges.
- Care in a skilled nursing facility after a hospital stay.
- Home health care provided by a Medicare-participating home health agency.
- Hospice care for the terminally ill.

Medicare Part B (medical services insurance) partially pays for medically necessary:

- Physician's services.
- Outpatient hospital services.
- Home health visits.
- Physical and speech therapy.
- Services and supplies covered by Medicare, such as x-rays and durable medical equipment.

#### What isn't covered by Medicare?

Medicare does not pay the full cost of all covered services. Medicare requires that you pay a share of the costs in the form of deductibles and coinsurance/copays. Medicare does not cover prescription drugs. Prescription drugs are covered under the pharmacy benefit with CareFirst.

### What you'll need to file claims

You never have to submit a claim to Medicare. By law all providers must file these claims for you. And that applies to non-participating providers as well as participating providers.

#### If I receive care in Maryland, will I have to file any claims to CareFirst?

You will not have to file any claims with CareFirst for covered services if you receive the services in Maryland, Washington D.C., Delaware, New Jersey, Pennsylvania and Northern Virginia. While you may be asked to fill out claim forms for the provider, you will not have to submit the claims yourself.

CareFirst electronically receives claims from Medicare for covered services received in Maryland, Washington D.C., Delaware, New Jersey, Pennsylvania and Northern Virginia. That means that your claims automatically come to us from Medicare when you give your CareFirst membership number to your provider at the time you receive care.

Make sure that you always give your CareFirst membership number to your provider when you give your Medicare membership number. Without your CareFirst number, Medicare won't know to forward your claim information to us. You will then have to file your own claim.

#### Will I have to file any claims to CareFirst if I receive care outside of the states listed above?

Yes, your providers will file your Medicare claims for you. That's the law. But you will have to file claims with CareFirst to get benefits from your Traditional Medicare Supplemental Plan.

Here's what you should do. After Medicare has paid its share, you will receive an "Explanation of Medicare Benefits" (EOMB). Make copies of this form and of your bills for each claim. Do not send the original EOMB and medical bills. Keep the originals in your files. Claims rarely get lost, but if that should happen, you can resubmit your claim if you have kept the originals.

Send a copy of the EOMB, your bills and a completed claim form to the following address:

**CareFirst Blue Cross Blue Shield**  
**Mail Administrator**  
**P.O. Box 14114**  
**Lexington, KY 40512**

### Getting the most from your health care plan

To make sure that you make the most of your benefits and pay the least for care, follow these simple guidelines:

- Always find out if a provider is participating (accepts the Medicare approved amount) or non-participating (does not accept the Medicare approved amount) before you receive care.
- Avoid additional out-of-pocket expenses by using Medicare participating providers when you need Medicare-covered services.
- Always give your Medicare membership number and your CareFirst membership number when you receive care.
- If you need to file a claim, file right away so that you don't miss the filing deadline.

# Medicare Supplemental Plan

Medicare Eligible/Retirees Over 65—July 2018

Benefits	Medicare Covers	Standard Group Over 65
<b>Part A Hospital Deductible</b>	60 days of inpatient hospital care, except for a \$1,340 deductible.	Pays the first \$1,340 of the inpatient hospital bill for the first 60 days of hospitalization.
<b>Inpatient Days 61–90</b>	30 additional days of hospital inpatient care, except for a \$335 per day copayment.	Pays the \$335 per day copayment for days 61–90 of inpatient hospitalization.
<b>Lifetime Reserve Days</b>	60 additional “lifetime reserve” days of inpatient hospital care, except for a \$670 per day copayment.	Pays \$670 per day copayment when the 60 “lifetime reserve” days are used.
<b>Skilled Nursing Facility</b>	100 days of inpatient care in a skilled nursing facility, except for the \$167.50 per day copayment for days 21–100.	Pays the \$167.50 per day copayment for days 21–100 in a skilled nursing facility.
<b>Inpatient Medical/ Surgery</b>	80% of the Medicare-approved amount for in-hospital surgery and medical care, after the annual \$183 deductible has been met.	Pays the \$183 deductible and 20% of the Medicare-approved amount for in-hospital surgery and medical care.
<b>Outpatient Surgery</b>	80% of the Medicare-approved amount for outpatient hospital visits and surgery, for medical conditions after the annual \$183 deductible has been met.	Pays the \$183 deductible and 20% of the Medicare-approved amount for outpatient hospital visits and surgery, for a medical condition.*
<b>Emergency Services</b>	80% of the Medicare-approved amount for minor surgery and emergency first aid provided in a physician’s office or hospital outpatient department, after the annual \$183 deductible has been met.	Pays the \$183 deductible and 20% of the Medicare-approved amount for physician services for surgery and emergency first aid provided in a physician’s office or hospital outpatient department.*
<b>Diagnostic Services</b>	Covers clinical laboratory services at 100% of the Medicare-approved amount.  80% of the Medicare-approved amount for diagnostic X-rays or pathology examinations provided in a physician’s office or hospital outpatient department, after the \$183 deductible has been met.	Medicare covers in full.  For outpatient minor surgery or accidental injury: Pays the \$183 deductible and 20% of the Medicare-approved amount if provided by a Medicare participating physician or hospital outpatient department* For all other cases: Covered by Major Medical.
<b>Radiation/ Chemotherapy Services</b>	80% of the Medicare-approved amount for radiation/chemotherapy services provided in an office or hospital outpatient department, after the \$183 deductible has been met.	Pays the \$183 deductible and 20% of the Medicare-approved amount for radiation/ chemotherapy services provided in an office or hospital outpatient department.
<b>Diabetic Supplies &amp; Services</b>	80% of the Medicare-approved amount for blood glucose monitors, testing strips, lancet devices, after the \$183 annual deductible has been met.	Pays 80% of Part B Medicare deductible and coinsurance.

Preventive Benefits		
<b>Annual Physical</b>	One Annual Wellness visit every 12 months. There is no coinsurance, copayment or deductible.	Covered by Medicare
<b>Routine GYN</b>	No coinsurance, copayment or deductible for Pap Smears, Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women at high risk.	100% of the Allowed Benefit the year Medicare does not pay
<b>Prostate Cancer Screening Exam</b>	80% of the Medicare-approved amount for digital rectal exam for men age 50 and older after the \$183 annual deductible has been met. 100% for the PSA test; 80% for other related services. Covered once a year.	Pays 100% of Part B Medicare deductible and coinsurance
<b>Colorectal Cancer Screening</b>	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.	Covered by Medicare
<b>Mammography Screening</b>	No coinsurance, copayment or deductible. One baseline between ages 35–39. Once every 12 months for age 40 and older.	Covered by Medicare
<b>Bone Mass Measurement</b>	No coinsurance, copayment or deductible. Once every 24 months for persons at high risk for osteoporosis.	Covered by Medicare

\*Benefits limited to minor surgery or services provided within 72 hours of an accident or injury.

### In addition to the Standard Group Over 65 Benefits, the Retirees of Charles County Commissioners also have...

#### Major Medical Benefits:

To reimburse subscribers for out-of-pocket expenses not covered by Medicare, such as balances on office visits and durable medical equipment.

Major Medical benefits are reimbursed at 80% of Allowed Benefit up to a \$200 out-of-pocket maximum. Reimbursement is then 100% of Allowed Benefit for the remaining calendar year.

#### Prescription Drug Card Program: Formulary 2

\$5 Generic / \$20 Preferred Brand / \$35 Non-preferred Brand. Voluntary Maintenance Choice: 2 copays at CVS Retail or Mail Order for Maintenance Prescriptions; all other retail pharmacies will be 3 copays for Maintenance Prescriptions.

Annual out-of-pocket maximum of \$6,400

# Prescription Drug Program

*A total prescription for health*

Prescription drugs are an integral part of high-quality health care. The prescription benefits your employer is offering give you an affordable and convenient way to make the best decisions when it comes to your prescriptions.

## Your prescription benefits

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) member, you'll have access to:

- A nationwide network of more than 69,000 participating pharmacies
- Nearly 5,000 covered drugs
- Mail Service Pharmacy, a convenient and fast option to refill your prescriptions through home delivery
- Coordinated medical and pharmacy programs to help improve your overall health and reduce costs

## Keeping you informed

Together with our pharmacy benefit manager, CVS Caremark<sup>®</sup>,\* we keep you informed about your prescription drug coverage and provide you with periodic updates about your plan through targeted mailings and phone calls. Take the call and/or review your mailed notices to learn about lower-cost drug alternatives, possible safety concerns, drug tier changes and more.

## Online tools and resources

To get the most from your prescription drug plan, you need to stay informed. Our easy-to-use, interactive tools and resources are available 24/7. Visit [carefirst.com/rx](https://carefirst.com/rx) to see if a drug is covered, find a pharmacy, learn how drugs interact with each other and get more information about medications. You can access even more tools and resources once you're a member through *My Account* by selecting *Drug and Pharmacy Resources* under *Quick Links*.



\* CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members.

### Understanding your formulary

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals who make sure the drugs on the formulary are safe and clinically effective. The prescription drugs found on the CareFirst Formulary (drug list) are divided into tiers. These tiers include zero-dollar cost share, generics, preferred brand and non-preferred brand drugs. Your cost share is determined by the tier the drug falls into.

Drug tier	Description
<b>Tier 0: \$0 Drugs</b>	<ul style="list-style-type: none"> <li>Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.</li> </ul>
<b>Tier 1: Generic Drugs</b> \$	<ul style="list-style-type: none"> <li>Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.</li> <li>Generic drugs generally cost less than brand-name drugs.</li> </ul>
<b>Tier 2: Preferred Brand Drugs</b> \$\$	<ul style="list-style-type: none"> <li>Preferred brand drugs are brand-name medications that do not have a generic equivalent.</li> <li>They are chosen for their cost-effectiveness to alternatives.</li> <li>Your cost share will be more than generic drugs but less than non-preferred brand drugs.</li> <li>If a generic drug becomes available, the preferred brand drug will be moved to the non-preferred brand tier.</li> </ul>
<b>Tier 3: Non-Preferred Brand Drugs</b> \$\$\$	<ul style="list-style-type: none"> <li>Non-preferred brand drugs often have a generic or preferred brand drug option where your cost share will be lower.</li> </ul>

Note: If the cost of your drug is less than your copay or coinsurance, you only pay the cost of the drug. Once you meet your deductible (if applicable to your plan), you may pay a different copay or coinsurance for drugs depending on the drug tier. Some drugs may not be covered based on your plan. There is an exception process if you need an excluded drug to be covered for medical necessity reasons. Check your benefit summary or enrollment materials for specific plan information. Once you are a member, you can view specific cost-share information in *My Account*.

### Preferred Drug List

CareFirst's Preferred Drug List includes generic and preferred brand drugs selected for their quality, effectiveness and safety by the CVS Caremark national Pharmacy and Therapeutics (P&T) committee. By using the CareFirst Preferred Drug List, you can work with your doctor or pharmacist to make safe and cost-effective decisions to better manage your health care and out-of-pocket costs.

Non-preferred drugs aren't included on the Preferred Drug List; they are still covered but at the highest cost share. Also, some drugs on the Preferred Drug List may not be covered based on your plan. To see your full formulary, go to [carefirst.com/rx](https://carefirst.com/rx).

### Prescription guidelines

Some medications are only intended to be used in limited quantities; others require that your doctor obtain prior authorization through CareFirst before they can be filled. These drug guidelines are indicated on the formulary found at [carefirst.com/rx](https://www.carefirst.com/rx).

- **Quantity limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time.
- **Prior authorization** is required before you fill prescriptions for certain drugs. Your doctor must obtain approval from CareFirst before these drugs are covered.
- **Step therapy** asks that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Prior to getting the higher-cost alternative, your doctor must receive approval from CareFirst.

### Two ways to fill

#### Retail pharmacies

With access to more than 69,000 pharmacies across the country, you can visit [carefirst.com/rx](https://www.carefirst.com/rx) and use our *Find a Pharmacy* tool to locate a convenient participating pharmacy. Be sure to take your prescription and member ID card with you when filling prescriptions.

#### Mail Service Pharmacy

Mail Service Pharmacy is a convenient way to fill your prescriptions, especially for refilling drugs taken frequently. You can register three ways—online through *My Account*, by phone or by mail. Once you register for Mail Service Pharmacy you'll be able to:

- Refill prescriptions online, by phone or by email
- Choose your delivery location
- Consult with pharmacists by phone 24/7
- Schedule automatic refills
- Receive email notification of order status
- Choose from multiple payment options

### Ways to save

Here are some ways to help you save on your prescription drug costs.

- **Use generic drugs**—generic drugs can cost up to 80 percent less than their brand-name counterparts. Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use.
- **Use drugs on the Preferred Drug List**—the Preferred Drug List identifies generic and preferred brand drugs that may save you money.
- **Use maintenance medications**—maintenance medications are drugs you take regularly for ongoing conditions such as diabetes, high blood pressure or asthma. You can get up to a three-month supply of your maintenance medications for the cost of two copays through any pharmacy in the network, including through mail order.
- **Use mail order**—by using our Mail Service Pharmacy you get the added convenience of having your prescriptions delivered right to your home. Plus, if you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail order, reducing your out-of-pocket costs.

### Care management programs

Together with CVS Caremark, our pharmacy benefit manager, we offer care management programs and tools designed to improve your health while lowering your overall health care costs.

#### Specialty Pharmacy Coordination Program

The Specialty Pharmacy Coordination Program provides personalized care for our members with certain chronic conditions, like rheumatoid arthritis or cancer, requiring the use of specialty drugs. For certain chronic conditions, you will receive enhanced one-on-one support with a registered nurse and dedicated clinical team who will coordinate care with your doctor.

The program provides:

- 24-hour pharmacist assistance
- Injection training coordination
- Educational materials for your specific condition
- Drug interaction monitoring and review
- Drugs mailed to your home or office, or available for pick up at any CVS retail pharmacy
- Refill reminders

#### Comprehensive Medication Review

When you are taking multiple drugs to treat a medical condition, it can be overwhelming. The Comprehensive Medication Review program can connect you with a CVS Caremark pharmacist who will review your drugs and talk to your doctor about dosages, duration and any other pertinent issues. The pharmacist will work with your doctor to evaluate opportunities to:

- Identify possible drug interactions
- Improve drug adherence
- Reduce gaps in care
- Eliminate duplications in drug therapy

The program works with your doctor to ensure that you are not only taking the best drugs to manage your conditions, but you are also able to take your drugs as prescribed.

#### Medication Therapy Management Program

Taking medications as prescribed not only helps improve your health but can also reduce your health care costs. CareFirst's Medication Therapy Management program is designed to help you get the best results from your drug therapy.

We review pharmacy claims for opportunities to:

- Save you money
- Support compliance with medications
- Improve your care
- Ensure safe use of high-risk medications

When opportunities are identified, "Drug Advisories" will be communicated to either you and/or your doctor regarding your drug therapy. Through our Pharmacy Advisor program, you may also have the opportunity to speak one-to-one with a pharmacist, who can answer questions and help you manage your prescription drugs.

Should you have any questions about your prescription benefits, please contact CareFirst Pharmacy Services at 800-241-3371.

# Restricted Generics

*Save money by using generic drugs*

## How your prescription benefits work

Your prescription benefits are structured to take advantage of the savings associated with generic drugs through a program called Restricted Generics. With Restricted Generics, you will save the most money by choosing generic drugs (when available) versus brand-name drugs. Unless your doctor writes “Dispense as Written” or DAW on your brand-name drug prescription, you will pay both the non-preferred brand copay plus the cost difference between the generic and brand-name drug.

Consumers who are able to replace brand-name drugs with generic alternatives may save up to 75 percent on their daily drug costs. Not only are generic drugs proven to be just as safe and effective as brand-name drugs, they are:

- An identical copy of their counterpart brand-name drugs in dosage, safety, strength, how they are taken, quality, performance and intended use.
- Supported by the Food and Drug Administration (FDA) and American Medical Association (AMA).
- Manufactured in facilities required to meet the same FDA standards of good manufacturing practices as brand name products.

## Example scenario

Jim’s employer chose the Restricted Generics program. At his last visit to the doctor, he was prescribed Vasotec, a brand-name drug for high blood pressure that has a generic alternative. As long as his prescribing doctor writes “Dispense as Written” or DAW on the prescription, Jim will only be responsible for the non-preferred brand copay of \$35. If Jim’s doctor does not write DAW on his prescription, he could choose to get the brand-name drug Vasotec and pay \$3,035 or he could save by choosing the generic alternative and pay only \$10.

Brand-Name Drug Vasotec 10mg with DAW		Brand-Name Drug Vasotec 10mg without DAW		Generic Alternative enalapril 10mg	
Non-preferred brand copay	\$35	Non-preferred brand copay	\$35	Generic copay	\$5
		Difference between generic and brand	\$3,000		n/a
<b>Jim owes</b>	<b>\$35</b>	<b>Jim owes</b>	<b>\$3,035</b>	<b>Jim owes</b>	<b>\$5</b>

\*The costs in the chart are for illustrative purposes only and may not reflect your specific benefits or costs.

To learn more about your prescription drug benefits, log in to *My Account* at **carefirst.com/myaccount** and select *Drug & Pharmacy Resources* or call CareFirst Pharmacy Services at 800-241-3371.

# Maintenance Choice®

## *Fill your maintenance drug prescriptions with Voluntary Maintenance Choice*

Maintenance Choice offers you options and savings when it comes to filling your maintenance medications. Maintenance medications are drugs taken regularly for an ongoing condition such as high blood pressure, diabetes, etc. With Maintenance Choice, you can get up to a three-month supply of your maintenance drugs for the cost of a two-month supply. There are two ways to save when filling your maintenance drug prescriptions.

### CVS Mail Service Pharmacy

- Enjoy convenient home delivery service
- Refill your prescriptions online, by phone or email
- Check account balances and make payments through an automated phone system
- Sign up to receive email notifications of order status
- Access a consulting pharmacist by phone 24 hours a day

### CVS Retail Pharmacy

- Access the entire network of CVS pharmacies
- Pick up your medications at a time convenient to you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

You can continue to fill a one-month prescription at any retail pharmacy; however, you will continue to pay the applicable copay for each fill. Therefore, a three-month supply of maintenance drugs will cost you three copays rather than two, in addition to three trips to the pharmacy. For more information, call us toll-free at 800-241-3371.

If you would like...	Then...
To pick up at a CVS retail pharmacy or register for CVS Mail Service Pharmacy	<b>Please let us know.</b> You can do so quickly and easily. Choose the option that works best for you: <ul style="list-style-type: none"><li>■ Go to <a href="https://www.carefirst.com">carefirst.com</a> and log into <i>My Account</i>. Click <i>Drug and Pharmacy Resources</i>, select <i>Find a Pharmacy</i> to select a CVS pharmacy location for pick up or Mail Order Prescriptions to register for CVS Mail Service Pharmacy.</li><li>■ Visit your local CVS retail pharmacy and talk to the pharmacist</li><li>■ Call us toll-free using the number on the back of your member ID card, and we'll handle the rest</li></ul>
To continue with CVS Mail Service Pharmacy	<b>You don't have to do anything.</b> We'll continue to send your medications to your location of choice.

\*CVS Caremark is an independent company that provides pharmacy benefit management services.

# Specialty Pharmacy Coordination Program

*Personalized support, and services for managing complex health conditions*

As costly as specialty drugs can be, the outcomes can dramatically improve the quality of your life. Yet, the effectiveness of your medications depends mostly on whether you are taking them as prescribed.

The Specialty Pharmacy Coordination Program provides specialty drug management by coordinating your care as part of a comprehensive plan monitored closely by qualified professionals. Selecting the right pharmacy within a network is an important way to avoid breakdowns and improve consistency of your care. Therefore, CareFirst selected CVS Pharmacy as its Exclusive Specialty Pharmacy.

To help you achieve the best possible health outcomes, the following services are available:

- One-on-one support from a registered nurse specializing in your specific condition
- Comprehensive assessment when you start the program
- Dedicated clinical team who coordinates care with your doctor
- Drug interaction review
- Drug and condition-specific education and counseling on medication adherence, side effects and safety
- Refill reminders
- 24-hour pharmacist assistance

**The program addresses the unique clinical needs for the following conditions:**

Crohn's Disease, Cystic Fibrosis, Hemophilia, Hepatitis C, Multiple Sclerosis, Oncology, Rheumatoid Arthritis, Ulcerative Colitis and select IVIG conditions.

# Mail Service Pharmacy

*Reliable. Fast. Convenient.*

Take advantage of Mail Service Pharmacy, a fast and accurate home delivery service that offers a way for you to save both time and money on your long-term (maintenance) prescriptions.\*

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) member, once you register for Mail Service Pharmacy you'll be able to:

- Refill prescriptions online, by phone or by email
- Schedule automatic refills for certain maintenance medications through ReadyFill at Mail®
- Choose from home or office delivery service
- Consult with pharmacies by phone 24/7
- Use our automated phone system to check account balances and make payments 24/7
- Receive email notifications of order status
- Choose from multiple payment options

## It's easy to register for mail service

Choose one of the following three ways:



### Online

Go to **carefirst.com** and log in to *My Account*. Under the *My Coverage* tab, select *Drug and Pharmacy Resources*, click on *My Drug Home* and select *Order Prescriptions* to set up an account.



### By phone

Call the toll-free phone number on the back of your member ID card. Our Customer Care representatives can walk you through the process.



### By mail

If you already have your prescription, you can send it to us with a completed *Mail Service Pharmacy Order Form*. You can download the form by selecting *My Drug Forms* in the *Drug and Pharmacy Resources* section in *My Account*.

\* Long-term or maintenance medications are prescription drugs anticipated to be required for 6 months or more to treat a chronic or ongoing condition such as diabetes, high blood pressure or asthma.

# Preferred Dental

*Includes access to a national provider network*

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)<sup>1</sup> offer Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

## Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia may be included—ask your benefits manager for details).
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

## Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for out-of-network deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

## Frequently asked questions

### How do I find a preferred dentist?

You can access an online directory 24 hours a day at [carefirst.com/doctor](https://carefirst.com/doctor). Click on *Dental* and then select *Preferred Dental*.

### How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in- and out-of-network.

### Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

### Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: 866-891-2802 between 8:30 a.m. and 5 p.m. ET, Monday-Friday.

<sup>1</sup> The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.  
CUT6096-1P\_C ■ MD Standard 51+ ■ Plan 2

## Summary of Benefits

Services	In-network You Pay	Out-of-network You Pay
DEDUCTIBLE	\$25 Individual/\$75 Family	
BENEFIT YEAR MAXIMUM (JULY 1–JUNE 30)	\$1,500	
LIFETIME MAXIMUM	\$1,500	
PREVENTIVE AND DIAGNOSTIC SERVICES		
<ul style="list-style-type: none"><li>▪ Oral Exams (two per benefit period)</li><li>▪ Prophylaxis (two cleanings per benefit period)</li><li>▪ Bitewing X-rays</li><li>▪ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li><li>▪ Palliative emergency treatment</li></ul>	<ul style="list-style-type: none"><li>▪ Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)</li><li>▪ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)</li><li>▪ Space maintainers (once per 60 months)</li></ul>	No charge
BASIC SERVICES		
<ul style="list-style-type: none"><li>▪ Direct placement fillings using approved materials (one filling per surface per 12 months)</li></ul>	<ul style="list-style-type: none"><li>▪ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li><li>▪ Simple extractions</li></ul>	\$0 after deductible for Basic Services; 20% of Allowed Benefit after deductible <sup>1</sup> for Periodontal Services
MAJOR SERVICES—SURGICAL <sup>2</sup>		
<ul style="list-style-type: none"><li>▪ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</li><li>▪ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li></ul>	<ul style="list-style-type: none"><li>▪ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</li><li>▪ General anesthesia rendered for a covered dental service</li></ul>	20% of Allowed Benefit after deductible <sup>1</sup>
MAJOR SERVICES—RESTORATIVE <sup>2</sup>		
<ul style="list-style-type: none"><li>▪ Full and/or partial dentures (once per 60 months)</li><li>▪ Fixed bridges, crowns, inlays and onlays (once per 60 months)</li><li>▪ Denture adjustments and relining (limits apply for regular and immediate dentures)</li></ul>	<ul style="list-style-type: none"><li>▪ Recementation of crowns, inlays and/or bridges (once per 12 months)</li><li>▪ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li><li>▪ Dental implants, subject to medical necessity review (once per 60 months)</li></ul>	50% of Allowed Benefit after deductible <sup>1</sup>
ORTHODONTIC SERVICES <sup>2,3</sup>		
<ul style="list-style-type: none"><li>▪ Benefits for orthodontic services are available for children and adults who meet treatment criteria.</li></ul>	50% of Allowed Benefit <sup>1</sup>	50% of Allowed Benefit <sup>1</sup>

<sup>1</sup> CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating and Preferred Dentists accept 100% of the Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

<sup>2</sup> Coverage for orthodontia may be included—ask your benefits manager for details, including lifetime maximum.

**Summary of Exclusions:** Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

**Benefits issued under policy form numbers:** CareFirst of Maryland, Inc.: CFMI/51+/GC (R. 9/11) • CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments; CareFirst of Maryland, Inc.: CFMI/51+/DENTAL RIDER (4/09); Group Hospitalization and Medical Services, Inc.: MD/CF/GC (R. 9/11) • MD/CF/EOC/D-V (10/08) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7/03) • MD/CF/ELIG (R. 1/08) • and any amendments; Group Hospitalization and Medical Services, Inc.: MD/CF/DENTAL RIDER (R. 4/08); CareFirst BlueChoice, Inc.: MD/BC/DENTAL RIDER (R. 4/08)

# BlueVision Plus

*A plan for healthy eyes, healthy lives*

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

## How the plan works

### How do I find a provider?

To find a provider, go to [carefirst.com](https://www.carefirst.com) and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

### How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield or CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

### What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to [carefirst.com](https://www.carefirst.com), locate *For Members*, then click on *Forms, Vision, Davis Vision*.

### Can I get contacts and eyeglasses in the same benefit period?

With BlueVision Plus, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period.

### Mail order replacement contact lenses

[DavisVisionContacts.com](https://www.DavisVisionContacts.com) offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



Need more information?  
Visit [carefirst.com](https://www.carefirst.com) or call  
800-783-5602.

## Summary of Benefits

(12-month benefit period)

In-network	You Pay
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation (per benefit period)	No copay
<b>FRAMES</b>	
Davis Vision Frame Collection	No copay for approximately 400 frames
Non-Collection Frame	Plan pays \$45 towards wholesale price (or equivalent allowance at a retailer), you pay balance
<b>SPECTACLE LENSES</b>	
Basic Single Vision (including lenticular lenses)	No copay
Basic Bifocal	No copay
Basic Trifocal	No copay
<b>CONTACT LENSES</b> <i>(initial supply)</i>	
Medically Necessary Contacts	No copay with prior approval
Davis Vision Contact Lens Collection	No copay with evaluation if Collection lenses are dispensed
Other Single Vision Contact Lenses	Plan pays \$97, you pay balance
Other Bifocal Contact Lenses	Plan pays \$127, you pay balance
<b>LENS OPTIONS</b> <sup>1</sup> <i>(add to spectacle lens prices above)</i>	
Standard Progressive Lenses	\$50
Premium Progressive Lenses (Varilux®, etc.)	\$90
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Blended Segment Lenses	\$20
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$30
Transition Lenses	\$65
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$20
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$35
Premium AR Coating	\$48
Ultra AR Coating	\$60
Ultraviolet (UV) Coating	\$12
Tinting	No copay
Plastic Photosensitive Lenses	\$65
Oversized Lenses	No copay

In-network	You Pay
<b>CONTACT LENSES</b> <sup>1</sup> <i>(mail order)</i>	
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
Laser Vision Correction <sup>1</sup>	Up to 25% off allowed amount or 5% off any advertised special <sup>2</sup>

Out-of-network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$45, you pay balance
Frames	Plan pays \$45, you pay balance
Single Lenses	Plan pays \$52, you pay balance
Bifocal Lenses	Plan pays \$82, you pay balance
Trifocal Lenses	Plan pays \$101, you pay balance
Lenticular (post-cataract) Eyeglass Lenses	Plan pays \$181, you pay balance
Medically Necessary Contacts	Plan pays \$285, you pay balance
Elective Contact Lenses	Plan pays \$97, you pay balance
Elective Bifocal Contact Lenses	Plan pays \$127, you pay balance

<sup>1</sup> These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

<sup>2</sup> Some providers have flat fees that are equivalent to these discounts.

### Exclusions

The following services are excluded from coverage:

- Diagnostic services, except as listed in *What's Covered* under the Evidence of Coverage.
- Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
- Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
- Services or supplies not specifically approved by the Vision Care Designee where required in *What's Covered* under the Evidence of Coverage.
- Orthoptics, vision training and low vision aids.
- Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
- Non-prescription glasses, sunglasses or contact lenses.
- Vision Care services for cosmetic use.

Benefits issued under policy form numbers: Non-rider/Freestanding: MD: MD/CF/GC (R. 10/07) • MD/CF/EOC/D-V (10/08) • MD/CF/DOCS-V (9/04) • MD/CF/SOB-V (R. 1/06) • MD/CF/ELIG (R. 1/08) • CFMI/51+/GC (R. 7/10) • CFMI/EOC/D-V (7/09) • CFMI/VISION DOCS (7/09) • CFMI/VISION SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments.

DC: DC/CF/GC (R. 1/09) • DC/CF/COC-V (9/04) • DC/CF/DOCS-V (9/04) • DC/CF/SOB-V (R. 1/06) • DC/CF/ELIG (9/04) • VA: VA/CF/GC (R. 1/09) • VA/CF/COC-V (9/04) • VA/CF/DOCS-V (9/04) • VA/CF/SOB-V (R. 1/06) • VA/CF/ELIG (9/04) • as amended

Ridered: CFMI/51+/VISION (4/09) • MD/BCOO/VISION (R. 1/06) • MD/CF/VISION (R. 1/06) • DC/BCOO/VISION (R. 1/06) • DC/CF/VISION (R. 1/06) • VA/BCOO/VISION (R. 1/06) • VA/CF/VISION (R. 1/06).

# Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - ☐ Qualified sign language interpreters
  - ☐ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - ☐ Qualified interpreters
  - ☐ Information written in other languages

**If you need these services, please call 855-258-6518.**

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	<a href="mailto:civilrightscoordinator@carefirst.com">civilrightscoordinator@carefirst.com</a>
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NDLA (12/17)

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.).

® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

## Foreign Language Assistance

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déètì pàtó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèṣẹ̀. Àwọn ọ̀mọ-ẹgbẹ̀ gbódò pe nọmbà fòdùn tò wà lẹ́yìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ̀ pọ̀ mó ògbufò kan.*

*Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.*

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang iyong insurance. Maaari itong maglaman ng mga pinakamahahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyologo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.*

*Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.*

*Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.*

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáo! Bǝ̀ nìà kɛ bá nyo bǝ̀ ké m̃ gbo kpá bó nì fùà-fùá-tiŋ nyɛɛ jè dyí. Bǝ̀ nìà kɛ bédé wé jéé bǝ̀ bǝ̀ m̃ ké dɛ wa m̃ m̃ kɛ nyuɛɛ nyu hwɛ bǝ̀ wé bǝ̀a ké zi. ɔ̀ m̃ nì kpé bǝ̀ m̃ kɛ bǝ̀ nìà kɛ kɛ gbo-kpá-kpá m̃ m̃óɛ dyé dɛ nì bídí-wùdù mú bǝ̀ m̃ kɛ se wídí dɛ pǝ̀é. Kpooɔ̀ nyo bǝ̀ m̃ dǝ̀ fùun-nòbà nìà dɛ waà I.D. káàò dɛín nyɛ. Nyo tòò séín m̃ dǝ̀ nòbà nìà kɛ: 855-258-6518, kɛ m̃ m̃ fò tee bǝ̀ wa kɛ m̃ gbo cǝ̀ bǝ̀ m̃ kɛ nòbà m̃òà 0 kɛ dyi pàdàin hwɛ. ɔ̀ jǝ̀ kɛ nyo dɛ dyi m̃ gǝ̀ jǝ̀in, po wudu m̃ m̃ poe dyie, kɛ nyo dɛ mu bó nìin bǝ̀ ɔ̀ kɛ nì wuduò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للآخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

*Igbo (Igbo)* Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o buła. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejikọ gi na onye okowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'ááh naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íł. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowol t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó nááná'la' éi koji' dahódoonih 855-258-6518 dóó yii diilts'íł yaltí'ígíí t'áá nílélí' áádóó éi bikéé'dóó naasbaas bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowol.

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